

Case Number:	CM14-0090808		
Date Assigned:	07/23/2014	Date of Injury:	03/12/2002
Decision Date:	01/06/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 53 year old male with date of injury 3/12/2002. Date of the UR decision was 5/30/2014. Psychological report dated 7/8/2014; the injured worker reported feeling a little better regarding his anger issues. The treatment plan included refilling Wellbutrin XL 450 mg in the morning and Zoloft 50 mg in the mornings with two refills. Report dated 2/8/2014 suggested that he was out of medications for 2 months due to insurance issue and had been feeling more depressed, angry and irritable because of that. The report suggested continuation of Wellbutrin 450 mg and Zoloft 200 mg. The injured worker has been diagnosed with Major depressive disorder, single episode, Anxiety disorder NOS, Psychological factors affecting medical condition and Male hypoactive sexual desire.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

2nd Appeal- Pharmacological Management including prescription: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions

Decision rationale: Injured worker is a 53 year old male with chronic pain issues secondary to industrial injury. Psychological report dated 7/8/2014; the injured worker reported feeling a little better regarding his anger issues. The treatment plan included refilling Wellbutrin XL 450 mg in the morning and Zoloft 50 mg in the mornings with two refills. Report dated 2/8/2014 suggested that he was out of medications for 2 months due to insurance issue and had been feeling more depressed, angry and irritable because of that. The report suggested continuation of Wellbutrin 450 mg and Zoloft 200 mg. The injured worker has been diagnosed with Major depressive disorder, single episode, Anxiety disorder NOS, Psychological factors affecting medical condition and Male hypoactive sexual desire. ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The request for Pharmacological Management including prescription is not medically necessary. The request is unclear and does not specify the number of Pharmacological Management sessions requested, the frequency of sessions required etc. Also, the request does not describe the name of the medications requested, the quantity is also unspecified. Thus, the request is not medically necessary.